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Report on case suspected of being plague at Snelling, Merced County, Cal.

Passed Assistant Surgeon Currie reports through Passed Assistant Surgeon Blue as follows:

On November 9 Doctor Foster, secretary State Board of Health, received a letter from Dr. E. S. O'Brien, health officer of Merced County, stating that they had discovered 2 cases among the Chinese in the town of Snelling, one of which they regarded as suspicious of leprosy and the other of bubonic plague.

Doctor Foster transmitted this information to Passed Assistant Surgeon Blue, and at the same time directed one of his State inspectors, Dr. A. A. O'Neill, to investigate the case of leprosy. On receipt of this information from Doctor Foster, Passed Assistant Surgeon Blue wired the facts to the Bureau, in answer to which I received orders to proceed to Merced County and examine the suspicious case.

I have the honor to report that in compliance with these instructions, accompanied by Dr. A. A. O'Neill, I proceeded to Merced, Merced County, Cal., at once on receiving the orders. We reached that place about 9 p. m. the same day and conferred with Health Officer O'Brien. We learned from him that Snelling was some 18 miles distant and that the only way of reaching there was by driving, and that it was impracticable to do so that night. Accompanied by Doctor O'Brien, we left Merced at 6.30 a. m. the following day and reached Snelling about 9 a. m.

The two cases referred to were in the "Chinatown" of Snelling, which consists of a collection of huts just at the outskirts of the town in the swamps of the Merced River. The cases were confined to their respective huts, a rope had been placed around the section, and quarantine declared, two deputy sheriffs being in charge. The latter were obliged to recapture the leper twice during the night, after which they handcuffed him to his bunk for safekeeping. Examination of the leprosy suspect left no doubt as to the diagnosis—leprosy of the "mixed type." The ulnar nerve (right) was thickened and nodular. There was a loss of part of the distal phalanges of the same hand, while on the back, extensor aspects of the elbows, and on the neck were plaques composed of collections of lepra nodules. There was also a partial loss of both eyebrows. The patient claims a residence of forty-five years in the United States, of which the last twenty-five years were spent in Snelling, and said that he had had this disease for about ten years.

The other case, supposed to be somewhat suspicious of plague, proved to be only one of interest to the dermatologist. The skin of the whole body was extremely dry and scaly, showing marked pigmentation and here and there numerous excoriations from scratching. From inspection alone it appeared to be a very marked case of "vaga-bond's skin," but on palpation it was found that the skin and subcutaneous tissues were very much infiltrated, dry and harsh, and from the patient's actions the itching was apparently quite severe. Eczema rubrum universalis of a dry type (although an area on the back suggested some "weeping") was the diagnosis made after we had completed our examination. Incidentally he had a few enlarged, firm, easily moved glands in both inguinal regions, which was hardly surprising considering the condition of the skin. There was no question that these were chronically enlarged, and we advised the release of the

patient from quarantine. Although we carried our microscope and everything needed in a clinical or post-mortem diagnosis of plague, we found no occasion for their use.

Upon request of Doctor O'Brien we held a consultation with him and the district attorney of Merced County regarding the disposition to be made of the case of leprosy, and the following measures were decided upon: First, to destroy the material with which he had been working (corn husks destined as covers for chicken tamales), as well as the hut he had been sleeping in for the past few years, and to reimburse him for the loss; second, to destroy the clothing which he now wore and to give him new ones in their stead; third, to erect a comfortable cabin in some isolated place and require him to live there as a county charge.

From the various points that we raised during our conference, I was impressed with the need of a State or national institution where such cases could be cared for. Not only is the expense of maintenance of a single case proportionately large, but the inconvenience of carrying food to his isolated position, the responsibility for his escape, and the popular dread that a case of this disease inspires in the community combine to make it no small burden to a county.

Upon completing this duty I rejoined my station, reaching San Francisco at 7 p. m. the same day.

Diphtheria at Lubec, Me.—Epidemic under control.

Acting Assistant Surgeon Small, at Eastport, Me., reports, November 17, as follows:

The epidemic of diphtheria at Lubec is under control. The schools have reopened, and the town is rapidly recovering its normal condition.

INSPECTION SERVICE MEXICAN BORDER.

Inspection at Eagle Pass, Tex.

Acting Assistant Surgeon Hume reports as follows:

| | Week ended Nov. 12. |
|-----------------------------------|---------------------------|
| Persons inspected on trains | 231 |
| Persons held | 0 |
| Pullman cars fumigated | 7 |

Bags of Pullman linen disinfected, 20.

Inspected on footbridge, 4,077 persons.

Inspection at El Paso, Tex.

Acting Assistant Surgeon Alexander reports as follows:

Week ended November 12, 1904: Mexican Central passengers inspected, 164; Mexican Central immigrants inspected, 47; immigrants inspected (International Bridge), 124; disinfection of soiled linen imported for laundry work, 329 pieces; children of immigrants vaccinated, 10.